



*Presents*

A Group Dental Plan  
for the  
Employees and Retirees  
of



# Shelby County Government

No action on your part is required if you are currently in a dental plan  
and you do not wish to make any changes

**You have a Choice of Four Plans - *Select One!***

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**Option I - Prestige 45**

**Option II - Prestige 15**

**Option III - Elite Preferred 520**

**Option IV - Elite Preferred 510**





## FORREST & FORREST BENEFITS, INC.

P.O. Box 341082 • Memphis, TN 38184 • (901) 385-2070

September 1, 2006

Dear Shelby County Government Employee/Retiree:

**Attention Dental Plan Subscribers! Effective January 1, 2007, there will be no change in premiums or benefits to your dental plans. Please read the following carefully!**

### **CompBenefits Pre-paid Plans I (PST45) and II (PST15)**

With CompBenefits you have two excellent Pre-paid plans to choose from – Prestige 45 (Plan I) or Prestige 15 (Plan II). The higher option Pre-Paid Plan II provides greater savings because the co-payments are lower than Pre-Paid Plan I. (Co-payments are the reduced fees you pay to the participating dentist when you receive dental treatments. Please see the enclosed brochure for a partial listing of both plans' co-payment schedules.) A Dental ID card, complete co-payment schedule and Value-Added Enhancement membership card will be mailed to new enrollees following this annual enrollment period.

The deduction amounts for both plan options are as follows:

<b><u>Pre-Paid Plan I (PST45)</u></b>	<b><u>Active - Rates Per Pay Period</u></b>	<b><u>Retiree - Rates Per Month</u></b>
Employee	\$ 3.77	\$ 7.54
Employee + One	\$ 7.54	\$15.08
Family	\$11.30	\$22.60

  

<b><u>Pre-Paid Plan II (PST15)</u></b>	<b><u>Active - Rates Per Pay Period</u></b>	<b><u>Retiree - Rates Per Month</u></b>
Employee	\$ 6.29	\$12.58
Employee + One	\$10.48	\$20.96
Family	\$15.71	\$31.42

### **How to Change Your CompBenefits Participating General Dentist**

Go to [www.mycompbenefits.com](http://www.mycompbenefits.com) or call CompBenefits' Member Services Department at 800.342.5209 with the name of the dentist to whom you want to be transferred. If your request is received before the 15<sup>th</sup> of the month, the change will be effective on the first day of the following month, as long as you do not have an unpaid balance with your previous Participating General Dentist.

**CompBenefits Insured Plan III (EP520)** – The CompBenefits Plan III – Elite Preferred 520 is an insured plan, which will allow you to use the dentist of your choice. The benefits are as follows: 100% of Diagnostic and Preventative Services, 80% of Basic Services, and 50% of Major Services and Orthodontic Services for children to age 19. The yearly maximums are \$1,000 per person on Types I, II, and III and \$500 for Orthodontia. The lifetime maximum for Orthodontics is \$1,000. (Orthodontic claim forms must be filed with each visit.)

The deduction amounts for the Insured Plan III are as follows:

<b><u>CompBenefits Insured Plan III (EP520)</u></b>	<b><u>Active - Rates Per Pay Period</u></b>	<b><u>Retiree - Rates Per Month</u></b>
Employee	\$13.96	\$27.92
Employee + One	\$28.13	\$56.26
Family	\$40.20	\$80.40

**CompBenefits Insured Plan IV (EP510)** – The CompBenefits Plan IV – Elite Preferred 510 is an insured plan, which will allow you to use the dentist of your choice. This plan is considered the Higher Option of the two insured plans. The benefits are as follows: 100% of Diagnostic and Preventative Services, 80% of Basic Services, and 50% of Major Services and Orthodontic Services for children to age 19. However, Crowns are covered under the 80% category in this plan. The yearly maximums are \$1,500 per person on Types I, II, and III and \$750 for Orthodontia. The lifetime maximum for Orthodontics is \$1,500. (Orthodontic claim forms must be filed with each visit.)

The deduction amounts for the Insured Plan IV are as follows:

<b><u>CompBenefits Insured Plan IV (EP510)</u></b>	<b><u>Active - Rates Per Pay Period</u></b>	<b><u>Retiree - Rates Per Month</u></b>
Employee	\$17.75	\$ 35.50
Employee + One	\$35.76	\$ 71.52
Family	\$51.11	\$102.22

Please note that new enrollees in the Insured Plan III & IV who are not currently enrolled in either Plan I or Plan II will have a 12-month waiting period on Major and Orthodontic Services. If you are changing from either Pre-Paid Plan I or II or the Insured Plan III, the length of time with these plans will apply towards the Insured Plans III & IV waiting periods.

The claims address is CompBenefits Corporation, P.O. Box 8236, Chicago, IL 60680.

**Adding or Deleting Dependents:** Please complete the enclosed Enrollment/Change Form, and mark the space provided for adding or deleting dependents. If you are adding a dependent other than a spouse, natural child or stepchild, please call our office for instructions.

No action on your part is required if you are currently enrolled in a dental plan and you do not wish to make any changes. Please note that all Enrollment/Change Forms must be submitted to the Employee Benefits Office, 160 North Main, Suite 949 by 4:00 P.M. on or before October 31<sup>st</sup>, 2006. Your coverage will be effective January 1, 2007, with payroll deductions beginning on December 1<sup>st</sup>, 2006. If you have any questions, please call us at 901-385-2070.

Sincerely,

Chuck & Karen Forrest



To request replacement cards, change dentists, or for further information, please contact:  
**COMPBENEFITS MEMBER SERVICES AT 1-800-342-5209** or your agent, Chuck Forrest at 901-385-2070.

**MyCompBENEFITS.COM**

*At MyCompBenefits.com, you will be able to:*

- Order I.D. Cards
- Update your information
- View coverage and enrollment
- View your plan and benefits
- Find the network Dentists and Specialists near you
- Change your providers
- Check the status of your claim
- Download claim forms

Take a moment now and complete your one-time registration for this exciting new online service.

## How Do I Join?

*Follow these simple steps:*

1. Indicate your choice of either Option I (PST45), Option II (PST15) or the Insured Option III (EP520) or IV (EP510) coverage on the Dental Enrollment form included with this brochure.
2. If you choose either Option I (PST45) or Option II (PST15), you must select a Participating General Dentist from the enclosed listing. Write in the Dental Facility Number (Facility #) of the dentist you have chosen for yourself and each family member in the appropriate space on the Dental Enrollment Form.
3. Complete the Dental Enrollment Form, sign where specified and return it to:

Shelby County Government  
Employee Benefits Office  
160 North Main Street, Suite 949  
Memphis, TN 38103

## How To Use The Plan

### *Option I (PST45) and Option II (PST15)*

- After your effective date, phone the dentist you have selected for an appointment.
- Tell the dentist's office that you have CompBenefits coverage.
- After seeing the dentist, pay any required co-payments.

### *Option III (EP520) and IV (EP510)*

- Phone any dentist for an appointment.
- Identify yourself as a CompBenefits Insurance Company insured.
- Meet the deductible, if applicable.
- Claim is filed with CompBenefits Insurance Company: P.O. Box 8236 • Chicago, IL 60680-8236

## IMPORTANT FLEXIBLE BENEFITS PLAN INFORMATION

Enrollees in the Flexible Benefits Plan of Shelby County are required by IRS Section 125 regulations to participate in the plan without changing benefit coverage for the full plan year, unless they qualify under one of the following family status changes, as defined by the IRS:

1. Marriage or divorce
2. Death of spouse or child
3. Birth or adoption of child
4. Termination of employment or start of employment of the employee's spouse
5. Switching from part-time to full-time employment status or vice versa by employee or employee's spouse
6. Taking of an unpaid leave of absence by employee or the employee's spouse
7. Significant change in the health coverage of the employee or spouse attributed to the spouse's employment

Employees requesting to change their plan of benefits coverage after open enrollment under any of the above reasons must submit verification of the event. Call your Employee Benefits Office if you should need further information regarding any of the above.

# Prepaid Options I (PST45) and II (PST15)

*You must select a Participating General Dentist from the enclosed provider directory.*

## ***BENEFITS INCLUDE:***

### ● **No-Charge Services:**

Oral Exams  
Routine Semi-Annual Cleanings  
X-Rays  
Fluoride Treatment

### ● **Other Features:**

No Deductibles  
No Claim Forms  
No Annual Dollar Maximum  
No Pre-Existing Dental Exclusions

*also included.....*

*Specialists' copays now the same as  
General Dentists'*

### ● **Vision / Hearing Benefits**

### ● **Out-of-Area Emergency Benefits**

<b>Active Employee</b> Rates are per Payroll Period	Prepaid Option I (PST45)	Prepaid Option II (PST15)
Employee	\$ 3.77	\$ 6.29
Employee + 1	\$ 7.54	\$10.48
Family	\$11.30	\$15.71

<b>Retiree</b> Rates are per Month	Prepaid Option I (PST45)	Prepaid Option II (PST15)
Employee	\$ 7.54	\$12.58
Employee + 1	\$15.08	\$20.96
Family	\$22.60	\$31.42

## Eligibility

You, your spouse and legal dependents under the age of 25 are eligible for dental coverage. Unmarried children, step-children, adopted children and legal wards qualify as dependents. Orthodontics on plans III and IV are covered on dependent children 18 years of age or younger.

# Options I (PST45) and II (PST15)

## Partial List of Co-payments

The following is a sample of some of the most frequently used dental treatments. When you enroll under CompBenefits' coverage, treatments you receive from your Participating General Dentist will be provided at discounted fees called co-payments. After you enroll, a complete list of co-payments will be mailed to your home along with your Certificate of Benefits. The example below demonstrates your savings with CompBenefits coverage versus what you would pay for the same services without CompBenefits.

DENTAL TREATMENT	OPTION I (PST45) CO-PAYMENT	OPTION II (PST15) CO-PAYMENT	WITH NO COVERAGE
<b>APPOINTMENTS</b>			
Office Visit	\$5	\$5	\$60
Initial Oral Evaluation	No Charge	No Charge	\$57
Periodic Oral Evaluation	No Charge	No Charge	\$33
<b>DIAGNOSTIC DENTISTRY</b>			
Complete X-ray series, (incl. bitewings)	No Charge	No Charge	\$106
Study models	No Charge	No Charge	\$75
<b>PREVENTIVE DENTISTRY</b>			
Routine Cleaning-Adult*	No Charge	No Charge	\$60
Routine Cleaning-Child*	No Charge	No Charge	\$42
Application of Fluoride**	No Charge	No Charge	\$65
Oral Hygiene Instruction	No Charge	No Charge	\$49
Application of Sealant (ea. tooth)	\$14	\$7	\$38
Fixed Space Maintainer	\$60 + LAB	\$45 + LAB	\$240
*(once every six months)			
**(up to 16 yrs. of age)			
<b>FILLINGS/CROWNS</b>			
<b>Silver Fillings</b>			
One Surface	\$20	No Charge	\$82
Two Surfaces	\$25	No Charge	\$104
Three Surfaces	\$35	No Charge	\$125
<b>White Fillings</b>			
One Surface, Anterior	\$45	\$30	\$99
Two Surfaces, Anterior	\$50	\$37	\$127
Three Surfaces, Anterior	\$57	\$45	\$155
<b>Crowns</b>			
Porcelain to High Noble Metal	\$305*	\$240*	\$778
Three Quarter Cast Crown	\$295*	\$220*	\$584
*(cost of precious & semi-precious metal is addt'l)			
<b>ROOT CANALS</b>			
Anterior	\$140	\$100	\$555
Bicuspid	\$225	\$190	\$678
Molar	\$275	\$240	\$876
<b>PERIODONTICS</b>			
Periodontal Scaling & Root Planing, per quadrant	\$60	\$45	\$186
Full Mouth Debridement	\$40	\$35	\$124
<b>DENTURES</b>			
Complete Denture-Upper	\$325	\$260	\$1,057
Complete Denture-Lower	\$325	\$260	\$1,057
Partial Denture-Upper	\$320	\$280	\$892
Partial Denture-Lower	\$320	\$280	\$892

  

DENTAL TREATMENT	OPTION I (PST45) CO-PAYMENT	OPTION II (PST15) CO-PAYMENT	WITH NO COVERAGE
<b>ORAL SURGERY</b>			
Single Tooth Extraction	\$20	No Charge	\$97
Each Addt'l Tooth Extraction	\$20	\$10	\$92
Removal of Impacted Tooth			
Soft Tissue	\$70	\$40	\$214
Partial Bony	\$85	\$60	\$285
Complete Bony	\$135	\$75	\$334
<b>OTHER SERVICES</b>			
Local Anesthesia (with operative procedures)	No Charge	No Charge	\$26
<b>ORTHODONTICS</b>			
The following co-payments, which provide up to 24 months of routine Orthodontics for Class I, II and III services, apply to those Participating Orthodontists and Participating General Dentists who perform those services.			
8070/8080	Orthodontic Treatment for Children-under the age of 19		
8090	Orthodontic Treatment for Adults		
	<b>Option I (PST45)</b>		
	<u>Child</u>	<u>Adult</u>	
Consultation	No Charge	No Charge	
Exam/Evaluation	\$35	\$35	
Records/Treatment Planning	\$250	\$250	
Orthodontic Treatment	\$2,100	\$2,300	
Retention	\$450	\$450	
	<b>Option II (PST15)</b>		
	<u>Child</u>	<u>Adult</u>	
Consultation	No Charge	No Charge	
Exam/Evaluation	\$35	\$35	
Records/Treatment Planning	\$250	\$250	
Orthodontic Treatment	\$1,650	\$1,850	
Retention	\$450	\$450	

  

**THE ABOVE CO-PAYMENTS DO NOT INCLUDE THE ADDITIONAL COST OF PRECIOUS AND SEMI-PRECIOUS METAL.**

All procedures listed may not be performed by the Participating General Dentist you select. The co-payments shown apply to those CompBenefits Participating General Dentists who do perform those services. Therefore, you are encouraged to discuss availability of the scheduled services with your Participating General Dentist. Procedures not listed on the schedule of benefits that are performed by the selected Participating General Dentist will be charged at that Participating General Dentist's usual and customary fee less 25%.

**SPECIALISTS:** Should you need a specialist (i.e., Endodontist, Orthodontist, Oral Surgeon, Periodontist, Prosthodontist, Pediatric Dentist), you may be referred by your Participating General Dentist. Co-payment amounts are applicable when treatment is performed by selected Participating General Dentists or by Participating Specialists. Benefits for procedures not listed on the schedule of benefits, that are performed by a Participating Specialist are available at the Participating Specialist's usual and customary fee less 25%.

**NOTE:** When crown and/or bridgework exceeds six consecutive units, the patient may be charged an additional \$25.00 per unit.

ADA CODE	PROCEDURE	PATIENT PAYS
<b>APPOINTMENTS</b>		
9430	Office visit (normal hours)	\$5.00
9430	Emergency visit (regular hours)	\$20.00
9440	Emergency visit (after hours)	\$35.00
0999	Broken appointments (without 24 hr notice, per 15 min)	\$10.00
	Maximum \$40 per broken appointment. No charge will be made due to emergencies.	
<b>DIAGNOSTIC</b>		
0140/0150/0160	Oral evaluation	NO CHARGE
0120	Periodic oral evaluation	NO CHARGE
0470	Diagnostic casts (study models)	NO CHARGE
0999	Diagnosis and treatment plan presentation	NO CHARGE
9310	Consultation (second opinion) as provided by participating dentist	\$20.00
0460	Pulp vitality tests	NO CHARGE
<b>RADIOGRAPHS (X-rays)</b>		
0210	Intraoral - complete series	NO CHARGE
0220	Intraoral - periapical - first film	NO CHARGE
0230	Intraoral - periapical - each additional film	NO CHARGE
0270	Bitewings - single film	NO CHARGE
0272	Bitewings - two films	NO CHARGE
0274	Bitewings - four films	NO CHARGE
0330	Panoramic	NO CHARGE
<b>PREVENTIVE</b>		
1110/1120	Prophylaxis (routine, once every 6 months)	NO CHARGE
1110/1120	Additional prophylaxis	\$24.00
1201/1203	Topical application of fluoride (up to 16 years of age)	NO CHARGE
1351	Sealant - per tooth	\$14.00
1330	Oral hygiene instruction	NO CHARGE
<b>SPACE MAINTAINERS</b>		
1510	Fixed, unilateral	\$60.00 *
1515	Fixed, bilateral	\$60.00 *
1520	Removable, unilateral	\$95.00 *
1525	Removable, bilateral	\$95.00 *
1550	Recementation of space maintainer	\$12.00
<b>RESTORATIVE (Fillings)</b>		
2999	Sedative base (under fillings)	NO CHARGE
<b>Amalgam (Silver)</b>		
2110/2140	One surface	\$20.00
2120/2150	Two surfaces	\$25.00
2130/2160	Three surfaces	\$35.00
2131/2161	Four or more surfaces	\$45.00
<b>Resin restoration (Including acid etch, glass ionomer liner)</b>		
2330	Anterior one surface	\$45.00
2331	Anterior two surfaces	\$50.00
2332	Anterior three surfaces	\$57.00
2510	Inlay - metallic - one surface	\$90.00
2520	Inlay - metallic - two surfaces	\$120.00
2530	Inlay - metallic - three surfaces	\$150.00
2940	Sedative filling	\$15.00
<b>CROWN &amp; BRIDGE</b>		
2930	Prefabricated stainless steel - primary tooth	\$55.00
2790/2791/2792/6790/6791/6792	Full cast crown	\$295.00
2750/2751/2752/6750/6751/6752	Porcelain fused to metal crown	\$305.00
2810	Three quarter cast crown	\$295.00
<b>Pontics</b>		
6210/6211/6212	Full cast pontic	\$295.00
6240/6241/6242	Porcelain fused to metal pontic	\$305.00
2950	Core build up	\$50.00
2951	Pin Retention - Per Tooth	\$15.00
2952	Cast post and core	\$95.00
2954	Prefabricated post and core	\$85.00
2910/2920/6930	Recement inlay/onlay/crown/bridge (per unit)	\$15.00
<b>ENDODONTICS</b>		
3220	Therapeutic pulpotomy	\$35.00
<b>Root Canals</b>		
3310	Anterior	\$140.00
3320	Bicuspid	\$225.00
3330	Molar	\$275.00
3410	Apicoectomy (anterior only)	\$140.00
<b>PERIODONTICS (Gum treatment)</b>		
4210	Gingivectomy/gingivoplasty - per quadrant	\$140.00
4211	Gingivectomy/gingivoplasty - per tooth	\$43.00
4220	Gingival curettage, surgical - per quadrant	\$85.00
4260	Osseous surgery - per quadrant	\$300.00
4271	Free soft tissue graft	\$215.00
4341	Periodontal scaling and root planing - per quadrant	\$60.00
4355	Full mouth debridement	\$40.00
4381	Localized delivery of chemotherapeutic agents (2 teeth)	\$60.00
4910	Periodontal maintenance procedures	\$50.00
<b>PROSTHODONTICS</b>		
Standard complete dentures (includes adjustments within 30 days)		
5110	Complete maxillary (upper)	\$325.00
5120	Complete mandibular (lower)	\$325.00

ADA CODE	PROCEDURE	PATIENT PAYS
5130	Immediate maxillary (upper)	\$345.00
5140	Immediate mandibular (lower)	\$345.00
Partial dentures (includes adjustments within 30 days)		
5211/5212	Maxillary/mandibular partial - resin base (with 2 clasps)	\$320.00
5213/5214	Maxillary/mandibular partial - cast metal with resin base (with 2 clasps)	\$450.00
5410/5411	Adjust complete - maxillary/mandibular	\$15.00
5421/5422	Adjust partial denture - maxillary/mandibular	\$15.00
5999	Additional clasps	\$35.00
<b>REPAIRS TO PROSTHETICS</b>		
5510/5610	Repair broken resin denture base	\$30.00 *
5520/5640	Replace missing or broken teeth (each tooth)	\$20.00 *
5520/5640	Each additional tooth	\$15.00 *
5630	Repair or replace broken clasp	\$30.00 *
5650	Add tooth to existing partial denture	\$30.00 *
5850/5851	Tissue conditioning	\$30.00
5730/5731/5740/5741	Relining (chairside)	\$55.00
5750/5751/5760/5761	Relining (laboratory)	\$45.00 *
<b>EXTRACTIONS/ORAL SURGERY</b>		
7110	Single tooth	\$20.00
7120	Each additional tooth (per visit)	\$20.00
7130	Root removal - exposed roots	\$25.00
7210	Surgical extraction of erupted tooth	\$45.00
7220	Soft tissue impaction	\$70.00
7230	Partially bony impaction	\$85.00
7240	Completely bony impaction	\$135.00
7250	Surgical removal of residual tooth roots	\$45.00
7310	Alveoloplasty in conjunction with extractions - per quadrant	\$40.00
7320	Alveoloplasty not in conjunction with extractions - per quadrant	\$70.00
	Incision and drainage (intraoral)	\$20.00
7510		
<b>ANESTHESIA</b>		
9215	Local anesthesia	NO CHARGE
9230	Analgesia (nitrous oxide - per 15 minutes)	\$15.00
<b>ADJUNCTIVE SERVICES</b>		
9951	Occlusal adjustment - limited	\$35.00
9952	Occlusal adjustment - complete	\$165.00
<b>ORTHODONTICS</b>		
8070/8080/8090	Children up to 19 years of age Up to 24 months of routine orthodontic treatment for Class I and Class II cases	NO CHARGE
	Consultation	\$35.00
	Evaluation	\$35.00
	Records/Treatment Planning	\$250.00
	Orthodontic Treatment	\$2,100.00
8090	Adults 19 years of age and over Up to 24 months of routine orthodontic treatment for Class I and Class II cases	NO CHARGE
	Consultation	NO CHARGE
	Evaluation	\$35.00
	Records/Treatment Planning	\$250.00
	Orthodontic Treatment	\$2,300.00
8680	Retention	Additional

## THE ABOVE COPAYMENTS DO NOT INCLUDE THE ADDITIONAL COST OF PRECIOUS AND SEMI-PRECIOUS METAL.

All procedures listed may not be performed by the Participating General Dentist you select. The copayments shown apply to those CompDent Participating General Dentists who do perform those services. Therefore, you are encouraged to discuss availability of the scheduled services with your Participating General Dentist. Procedures not listed on the schedule of benefits, that are performed by the selected Participating General Dentist will be charged at that Participating General Dentist's usual and customary fee less 25%.

**SPECIALISTS:** Should you need a specialist (i.e., Endodontist, Orthodontist, Oral Surgeon, Periodontist, Prosthodontist, Pediatric Dentist), you may be referred by your Participating General Dentist. Copayment amounts are applicable when treatment is performed by selected Participating General Dentist or by Participating Specialists. Benefits for procedures not listed on the schedule of benefits, that are performed by a Participating Specialist are available at the Participating Specialist's usual and customary fee less 25%.

**NOTE:** When crown and/or bridgework exceeds six consecutive units, the patient may be charged an additional \$25.00 per unit.

\* Plus laboratory fees when applicable.



## Schedule of Benefits and Subscriber Copayments

# Option II (PST15)

## PRESTIGE 15

ADA CODE	PROCEDURE	PATIENT PAYS
<b>APPOINTMENTS</b>		
9430	Office Visit (normal hours) .....	\$5.00
9430	Emergency visit (regular hours) .....	\$20.00
9440	Emergency visit (after hours) .....	\$35.00
0999	Broken appointments (without 24 hr notice, per 15 min) .....	\$10.00
	Maximum \$40 per broken appointment. No charge will be made due to emergencies.	
<b>DIAGNOSTIC</b>		
0140/0150/0160	Oral evaluation .....	NO CHARGE
0120	Periodic oral evaluation .....	NO CHARGE
0470	Diagnostic casts (study models) .....	NO CHARGE
0999	Diagnosis and treatment plan presentation .....	NO CHARGE
9310	Consultation (second opinion) as provided by participating dentist .....	\$10.00
0460	Pulp vitality tests .....	NO CHARGE
<b>RADIOGRAPHS (X-rays)</b>		
0210	Intraoral - complete series .....	NO CHARGE
0220	Intraoral - periapical - first film .....	NO CHARGE
0230	Intraoral - periapical - each additional film .....	NO CHARGE
0270	Bitewings - single film .....	NO CHARGE
0272	Bitewings - two films .....	NO CHARGE
0274	Bitewings - four films .....	NO CHARGE
0330	Panoramic .....	NO CHARGE
<b>PREVENTIVE</b>		
1110/1120	Prophylaxis (routine, once every 6 months) .....	NO CHARGE
1110/1120	Additional prophylaxis .....	\$15.00
1201/1203	Topical application of fluoride (up to 16 years of age) .....	NO CHARGE
1351	Sealant - per tooth .....	\$7.00
1330	Oral hygiene instruction .....	NO CHARGE
<b>SPACE MAINTAINERS</b>		
1510	Fixed, unilateral .....	\$45.00 *
1515	Fixed, bilateral .....	\$45.00 *
1520	Removable, unilateral .....	\$85.00 *
1525	Removable, bilateral .....	\$85.00 *
1550	Recementation of space maintainer .....	\$10.00
<b>RESTORATIVE (Fillings)</b>		
2999	Sedative base (under fillings) .....	NO CHARGE
<b>Amalgam (Silver)</b>		
2110/2140	One surface .....	NO CHARGE
2120/2150	Two surfaces .....	NO CHARGE
2130/2160	Three surfaces .....	NO CHARGE
2131/2161	Four or more surfaces .....	NO CHARGE
<b>Resin restoration (including acid etch, glass ionomer liner)</b>		
2330	Anterior one surface .....	\$30.00
2331	Anterior two surfaces .....	\$37.00
2332	Anterior three surfaces .....	\$45.00
2510	Inlay - metallic - one surface .....	\$85.00
2520	Inlay - metallic - two surfaces .....	\$95.00
2530	Inlay - metallic - three surfaces .....	\$120.00
2940	Sedative filling .....	\$15.00
<b>CROWN &amp; BRIDGE</b>		
2930	Prefabricated stainless steel - primary tooth .....	\$45.00
2790/2791/2792/6790/6791/6792	Full cast crown .....	\$220.00
2750/2751/2752/6750/6751/6752	Porcelain fused to metal crown .....	\$240.00
2810	Three quarter cast crown .....	\$220.00
<b>Pontics</b>		
6210/6211/6212	Full cast pontic .....	\$220.00
6240/6241/6242	Porcelain fused to metal pontic .....	\$240.00
2950	Core build up .....	\$40.00
2951	Pin Retention - Per Tooth .....	\$12.00
2952	Cast post and core .....	\$90.00
2954	Prefabricated post and core .....	\$75.00
2910/2920/6930	Recement inlay/onlay/crown/bridge (per unit) .....	\$10.00
<b>ENDODONTICS</b>		
3220	Therapeutic pulpotomy .....	\$30.00
<b>Root Canals</b>		
3310	Anterior .....	\$100.00
3320	Bicuspid .....	\$190.00
3330	Molar .....	\$240.00
3410	Apicoectomy (anterior only) .....	\$95.00
<b>PERIODONTICS (Gum treatment)</b>		
4210	Gingivectomy/gingivoplasty - per quadrant .....	\$120.00
4211	Gingivectomy/gingivoplasty - per tooth .....	\$36.00
4220	Gingival curettage, surgical - per quadrant .....	\$65.00
4260	Osseous surgery - per quadrant .....	\$300.00
4271	Free soft tissue graft .....	\$215.00
4341	Periodontal scaling and root planing - per quadrant .....	\$45.00
4355	Full mouth debridement .....	\$35.00
4381	Localized delivery of chemotherapeutic agents (2 teeth) .....	\$45.00
4910	Periodontal maintenance procedures .....	\$45.00
<b>PROSTHODONTICS</b>		
<b>Standard complete dentures (includes adjustments within 30 days)</b>		
5110	Complete maxillary (upper) .....	\$260.00
5120	Complete mandibular (lower) .....	\$260.00
5130	Immediate maxillary (upper) .....	\$280.00

ADA CODE	PROCEDURE	PATIENT PAYS
5140	Immediate mandibular (lower) .....	\$280.00
<b>Partial dentures (includes adjustments within 30 days)</b>		
5211/5212	Maxillary/mandibular partial - resin base (with 2 clasps) .....	\$280.00
5213/5214	Maxillary/mandibular partial - cast metal with resin base (with 2 clasps) .....	\$350.00
5410/5411	Adjust complete - maxillary/mandibular .....	\$15.00
5421/5422	Adjust partial denture - maxillary/mandibular .....	\$15.00
5999	Additional clasps .....	\$30.00
<b>REPAIRS TO PROSTHETICS</b>		
5510/5610	Repair broken resin denture base .....	\$15.00 *
5520/5640	Replace missing or broken teeth (each tooth) .....	\$10.00 *
5520/5640	Each additional tooth .....	\$10.00 *
5630	Repair or replace broken clasp .....	\$15.00 *
5650	Add tooth to existing partial denture .....	\$30.00 *
5850/5851	Tissue conditioning .....	\$25.00
5730/5731/5740/5741	Relining (chairside) .....	\$45.00
5750/5751/5760/5761	Relining (laboratory) .....	\$35.00 *
<b>EXTRACTIONS/ORAL SURGERY</b>		
7110	Single tooth .....	NO CHARGE
7120	Each additional tooth (per visit) .....	\$10.00
7130	Root removal - exposed roots .....	\$10.00
7210	Surgical extraction of erupted tooth .....	\$25.00
7220	Soft tissue impaction .....	\$40.00
7230	Partially bony impaction .....	\$60.00
7240	Completely bony impaction .....	\$75.00
7250	Surgical removal of residual tooth roots .....	\$25.00
7310	Alveoloplasty in conjunction with extractions - per quadrant .....	\$20.00
7320	Alveoloplasty not in conjunction with extractions - per quadrant .....	\$50.00
7510	Incision and drainage (intraoral) .....	\$20.00
<b>ANESTHESIA</b>		
9215	Local anesthesia .....	NO CHARGE
9230	Analgesia (nitrous oxide - per 15 minutes) .....	\$15.00
<b>ADJUNCTIVE SERVICES</b>		
9951	Occlusal adjustment - limited .....	\$25.00
9952	Occlusal adjustment - complete .....	\$150.00
<b>ORTHODONTICS</b>		
8070/8080/8090	Children up to 19 years of age Up to 24 months of routine orthodontic treatment for Class I and Class II cases .....	NO CHARGE
	Consultation .....	NO CHARGE
	Evaluation .....	\$35.00
	Records/Treatment Planning .....	\$250.00
	Orthodontic Treatment .....	\$1,650.00
8090	Adults 19 years of age and over Up to 24 months of routine orthodontic treatment for Class I and Class II cases .....	NO CHARGE
	Consultation .....	NO CHARGE
	Evaluation .....	\$35.00
	Records/Treatment Planning .....	\$250.00
	Orthodontic Treatment .....	\$1,850.00
8680	Retention .....	Additional

### THE ABOVE COPAYMENTS DO NOT INCLUDE THE ADDITIONAL COST OF PRECIOUS AND SEMI-PRECIOUS METAL.

All procedures listed may not be performed by the Participating General Dentist you select. The copayments shown apply to those Company Plan Participating General Dentists who do perform those services. Therefore, you are encouraged to discuss availability of the scheduled services with your Participating General Dentist. Procedures not listed on the schedule of benefits, that are performed by the selected Participating General Dentist will be charged at that Participating General Dentist's usual and customary fee less 25%.

**SPECIALISTS:** Should you need a specialist (i.e., Endodontist, Orthodontist, Oral Surgeon, Periodontist, Prosthodontist, Pediatric Dentist), you may be referred by your Participating General Dentist. Copayment amounts are applicable when treatment is performed by selected Participating General Dentist or by Participating Specialists. Benefits for procedures not listed on the schedule of benefits, that are performed by a Participating Specialist are available at the Participating Specialist's usual and customary fee less 25%.

**NOTE:** When crown and/or bridgework exceeds six consecutive units, the patient may be charged an additional \$25.00 per unit.

\* Plus laboratory fees when applicable.

# SHELBY COUNTY GOVERNMENT - PROVIDER DIRECTORY

## FOR OPTIONS I (PST45) AND II (PST15)

### CompBenefits

#### GENERAL DENTISTS

Please Note:

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SOME GENERAL DENTISTS DO NOT ACCEPT OPTIONS I (PST45) AND II (PST15) PLANS.

PLEASE CONFIRM THAT YOUR GENERAL DENTIST ACCEPTS THE PLAN THAT YOU ARE SELECTING BEFORE SEEKING TREATMENT.

#### Mississippi

#### Clarksdale

Bailey Jr., DDS, Malcolm D.

Facility # 583543 Lang-SP  
130 Lee Dr  
38614 (662)627-4791  
Min Age: 4  
Bailey Jr., DDS, Malcolm D.  
Options I & II

Long, DDS, Robert E.

Facility # 583522  
527 Desoto Ave  
38614 (662)627-2565  
Min Age: 3  
Long, DDS, Robert E.  
Options I & II

#### Tennessee

#### Collierville

Collierville Family Dentistry

Facility # 840221  
2130 W Poplar Ave Ste 106  
38017 (901)861-7007  
Min Age: 4  
Ballard, DDS, Steve D.  
Options I & II  
Belisle, DDS, Jodice L.  
Options I & II  
Hochhauser III, DDS, Edward  
Options I & II

Ploch, DDS, PC, Thomas K.

2028 W Poplar Ave Ste 111  
38017  
Min Age: 3  
Ploch, DDS, Thomas K.  
Options I & II \*no new  
CompBenefits patients accepted

Cordova

Cordova Family Dentistry

Facility # 820079  
8520 Macon Rd Ste 1  
38018 (901)754-4383  
Min Age: 4  
Calderon, DDS, Melissa  
Options I & II  
Hochhauser III, DDS, Edward  
Options I & II  
Wall-Marks, DDS, Kathleen A.  
Options I & II

Dental Cares

1890 N Germantown Pkwy  
38016  
Min Age: 5  
Smith, DDS, William M.  
Options I & II \*no new  
CompBenefits patients accepted

Garrett, DDS, Floyd

Facility # 820225  
8089 Walnut Run Rd Ste 3  
38018 (901)737-8981  
Min Age: 3  
Devall, DMD, Terry M.  
Options I & II  
Garrett, DDS, Floyd A.  
Options I & II  
Tompkins, DDS, William P.  
Options I & II

Taylor, DDS, Stuart M.

Facility # 184245  
86 Timber Creek Dr Ste 3  
38018 (901)756-0002  
Min Age: 4  
Taylor, DDS, Charlotte R.  
Options I & II  
Taylor, DDS, Stuart M.  
Options I & II

Winbush, DDS, PC, Sharifa, H.

Facility # 191183  
2845 N Houston Levee Rd Ste 10  
38016 (901)266-0555  
Min Age: 3  
Winbush, DDS, Sharifa H.  
Options I & II

Germantown

Kutas, DDS, Patrick W.

7512 Corporate Center Dr  
38138  
Min Age: 3  
Kutas, DDS, Patrick W.  
Options I & II \*no new  
CompBenefits patients accepted

Pulido, DDS, Mike

8590 Farmington Blvd Ste 5  
38139  
Min Age: 3  
Pulido, DDS, Miguel  
Options I & II \*no new  
CompBenefits patients accepted

Memphis

Adams-Browne Dental Associates

Facility # 820043  
3333 Elvis Presly Blvd Ste 202  
38116 (901)332-7111  
Min Age: 4  
Adams-Browne, DDS, Kaye  
Options I & II  
Watson, DDS, William A.  
Options I & II

Associate Dental Group

2154 Frayser Blvd  
38127  
Min Age: 5  
Branch, DDS, Roderick A.  
Options I & II \*no new  
CompBenefits patients accepted

Associated Dentists

1279 Lamar Ave  
38104  
Min Age: 18  
Sims, DDS, Larry D.  
Options I & II \*no new  
CompBenefits patients accepted

Bartlett Family Dentistry

Facility # 820082  
7519 US Highway 64  
38133 (901)371-0609  
Min Age: 7  
Hochhauser III, DDS, Edward  
Options I & II  
Hodge, DDS, Tracy L.  
Options I & II  
Holmes, DDS, Kurt  
Options I & II

Braxton, DDS, Sonia D.

Facility # 184225  
1154 S Bellevue Blvd  
38106 (901)775-0870  
Min Age: 5  
Braxton, DDS, Sonia D.  
Options I & II

Centennial Village Dental Grp.

Facility # 820010  
7825 Winchester Rd Ste 115  
38125 (901)752-1290  
Min Age: 4  
Jasper, DDS, William S.  
Options I & II  
Johnson, DDS, Dean  
Options I & II

Chelsea Dental Clinic

Facility # 820019  
2410 Chelsea Ave  
38108 (901)458-1118  
Min Age: 3  
Pryor, DDS, Gloria J.  
Options I & II

Chinn Jr., DDS, PC, Harry J.

6622 Kirby Center Cv  
38115  
Min Age: 4  
Chinn Jr., DDS, Harry J.  
Options I & II \*no new  
CompBenefits patients accepted

Christian, DDS, Solomon

Facility # 820044  
3037 S Perkins Dr  
38118 (901)566-1414  
Min Age: 3  
Christian, DDS, Solomon  
Options I & II

Cleo Kirk Dental Office

Facility # 820228  
2523 Lamar Ave  
38114 (901)743-5723  
Min Age: 4  
Kirk, DDS, Cleo  
Options I & II

Cooper Dental Associates

Facility # 820067  
1032 S Cooper St  
38104 (901)276-5822  
Min Age: 4  
Pryor, DDS, Gloria J.  
Options I & II

Dove Family Dentistry

Facility # 191940  
3030 Covington Pike  
38128 (901)213-9337  
Min Age: 1  
Dove, DDS, Joseph  
Options I & II

Dove, DDS, Laura

Facility # 820199  
7189 Stage Rd  
38133 (901)373-3800  
Min Age: 6  
Dove, DDS, Laura  
Options I & II

East Memphis Dental Care

Facility # 820065  
6223 Mount Moriah Road Ext  
38115 (901)794-3391  
Min Age: 4  
Spell III, DDS, Charlie  
Options I & II

Hedgerow Family Dentistry

Facility # 820233  
6757 E Shelby Dr  
38141 (901)363-3144  
Min Age: 3  
Christian, DDS, Tracey D.  
Options I & II  
Myers, DDS, Lee T.  
Options I & II

Hickory Hills Family Dentistry

Facility # 840151 Lang-SP  
3725 Riverdale Rd Ste 1  
38115 (901)797-3077  
Min Age: 4  
Myers, DDS, Lee T.  
Options I & II

Johnson Jr., DMD, Joseph

Facility # 820047  
4299 Elvis Presley Blvd  
38116 (901)346-3257  
Min Age: 3  
Johnson Jr., DMD, Joseph  
Options I & II

Johnson, DDS, Dean

Facility # 820009  
1440 E Shelby Dr Ste 2  
38116 (901)346-1171  
Min Age: 4  
Johnson, DDS, Dean  
Options I & II

King, DDS, Dewitt H.

Facility # 820050  
2212 Airways Blvd  
38114 (901)743-2055  
Min Age: 4  
King, DDS, Dewitt H.  
Options I & II

Kirby Parkway Dental Care

Facility # 820078  
4137 Kirby Pkwy Ste 3  
38115 (901)362-7844  
Min Age: 4  
Spell III, DDS, Charlie  
Options I & II

Kutas, DDS, Timothy

515 N Highland St Ste C  
38122  
Min Age: 7  
Kutas, DDS, Timothy W.  
Options I & II \*no new  
CompBenefits patients accepted

Meadows, DDS, Jeffrey R.

Facility # 187281 Lang-SP  
4700 Poplar Ave Ste 410  
38117 (901)767-0507  
Min Age: 4  
Meadows, DDS, Jeff R.  
Options I & II

Meekins, DDS, Richard D.

2390 Lamar Ave  
38114 (901)743-0704  
Min Age: 3  
Meekins, DDS, Richard D.  
Options I & II \*no new  
CompBenefits patients accepted

Miller Jr., DDS, Richard A.

640 S Perkins Rd  
38117  
Min Age: 5  
Miller Jr., DDS, Richard A.  
Options I & II \*no new  
CompBenefits patients accepted

Myers, DDS, Lee T.

Facility # 820066  
1952 Lamar Ave  
38114 (901)276-4629  
Min Age: 4  
Myers, DDS, Lee T.  
Options I & II

New Image Family Dentistry

Facility # 187318  
3719 Riverdale Rd  
38115 (901)365-2000  
Min Age: 3  
Lyons-Anderson, DDS, Tonya M.  
Options I & II

New Image Family Dentistry

Facility # 995618 Lang-SP  
2713 Mount Moriah Pkwy Ste 101  
38115 (901)366-9953  
Min Age: 2  
Lyons-Anderson, DDS, Tonya M.  
Options I & II

North Watkins Dental Care

Facility # 840177  
3697 N Watkins St  
38127 (901)357-0797  
Min Age: 4  
Alexander, DDS, Carlos  
Options I & II  
Spell III, DDS, Charlie  
Options I & II

Oak Court Dental Clinic

Facility # 840145 Lang-SP FR  
4515 Poplar Ave Ste 227  
38117 (901)680-9578  
Min Age: 3  
Leordeanu, DDS, Mihaela D.  
Options I & II

Payne Family Dentistry

Facility # 186986  
3574 Hickory Hill Rd  
38115 (901)365-9054  
Min Age: 1  
Payne, DDS, Jackson L.  
Options I & II

Price, DDS, Vincent J.

Facility # 820080  
2900 Kirby Rd Ste 9  
38119 (901)755-7392  
Min Age: 4  
Price, DDS, Vincent  
Options I & II

Raleigh Family Dentistry

Facility # 820022  
3068 Covington Pike Ste 2  
38128 (901)386-2328  
Min Age: 6  
Hochhauser III, DDS, Edward  
Options I & II  
Ward, DDS, Michelle  
Options I & II

Rutledge, DDS, Joel W.

Facility # 187497  
5100 Wheelis Dr Ste 214  
38117 (901)767-1610  
Min Age: 4  
Rutledge, DDS, Joel W.  
Options I & II

Shirley, DDS, Michael D.

Facility # 820003  
4302 Summer Ave  
38122 (901)683-3849  
Min Age: 3  
Shirley, DDS, Michael D.  
Options I & II

Smile Studios of Memphis

Facility # 820222  
1697 Bender Rd  
38116 (901)346-1820  
Min Age: 4  
Alexander, DDS, Carlos  
Options I & II

Southgate Dental Clinic

Facility # 840033  
1799 S 3rd St  
38109 (901)774-9602  
Min Age: 2  
Jeu, DDS, Richard C.  
Options I & II

Southwind Family Dentistry

Facility # 820087  
7948 Winchester Rd Ste 108  
38125 (901)624-0440  
Min Age: 6  
Hochhauser III, DDS, Edward  
Options I & II  
Holmes, DDS, Kurt  
Options I & II

Stanford, DDS, Jon C.

Facility # 840051  
3596 Park Ave  
38111 (901)458-2617  
Min Age: 3  
Stanford, DDS, Jon C.  
Options I & II

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**SOME GENERAL DENTISTS DO NOT ACCEPT OPTIONS I (PST45) AND II (PST15) PLANS.**

**PLEASE CONFIRM THAT YOUR GENERAL DENTIST ACCEPTS THE PLAN THAT YOU ARE SELECTING BEFORE SEEKING TREATMENT.**

Sykes, DDS, O. T.

Facility # 820204  
1399 Airways Blvd Ste 6  
38114 (901)323-7613  
Min Age: 5  
Sykes, DDS, O. T.  
Options I & II

Union Ave Dental Associates

Facility # 820198  
1331 Union Ave Ste 1225  
38104 (901)276-7314  
Min Age: 5  
O'Neal, DDS, Joe Dean  
Options I & II

Uptown Dental Center

Facility # 820203  
493 N Front St Ste 101  
38105 (901)527-2102  
Min Age: 5  
Branch, DDS, Joerald  
Options I & II

Vance Dental Clinic

Facility # 820223  
516 Vance Ave  
38126 (901)526-4442  
Min Age: 2  
Hudson III, DDS, Roy  
Options I & II

Vincent Price DDS & Associates

Facility # 820036  
1440 E Shelby Dr Ste 5  
38116 (901)332-8729  
Min Age: 4  
Price, DDS, Vincent  
Options I & II

**Somerville**

Richardson Family Dentistry

Facility # 187419 Lang:SP  
17395 Highway 64 E  
38068 (901)466-9833  
Min Age: 3  
Richardson, DDS, Dwayne  
Options I & II

**Stanton**

Dr. C.R. White & Assoc Dental

Facility # 820068  
17 1st St  
38069 (731)548-2400  
Min Age: 3  
White, DDS, Clarice R.  
Options I & II

## SPECIALISTS

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## SOME SPECIALISTS DO NOT ACCEPT OPTIONS I (PST45) AND II (PST15) PLANS.

PLEASE CONFIRM THAT THE SPECIALIST OF YOUR CHOICE ACCEPTS YOUR SPECIFIC PLAN BEFORE SEEKING TREATMENT BY CALLING 1-800-342-5209.

### Endodontists

Tennessee
Memphis

Case, DDS, Julius F.  
5565 Murray Rd  
38119 (901)682-8437  
Min Age: 12  
Case, DDS, Julius F.  
Options I & II

Taintor, DDS, Jerry F.  
5370 Estate Office Dr Ste 2  
38119 (901)684-1513  
Min Age: 12  
Taintor, DDS, Jerry F.  
Options I & II

### Oral Surgeons

Mississippi
Southaven

Albright & Smith Oral & Max  
187 Stateline Rd E Ste 20  
38671 (662)393-8093  
Min Age: 0  
Albright, DDS, J. E.  
Options I & II  
Smith, DDS, Robert K.  
Options I & II

Tennessee
Collierville

Williams, DDS, Darren R.  
1100 Poplar View Ln N Ste 1  
38017 (901)854-4422  
Min Age: 0  
Williams, DDS, Darren R.  
Options I & II

Memphis
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Albright & Smith Oral & Max  
766 S White Station Rd Ste 1  
38117 (901)685-8090  
Min Age: 0  
Albright, DDS, J. E.  
Options I & II  
Peck, DDS, Russell C.  
Options I & II  
Smith, DDS, Robert K.  
Options I & II

Cannon, DDS, John S.  
1717 Kirby Pkwy  
38120 (901)756-8475  
Min Age: 0  
Cannon, DDS, John S.  
Options I & II  
Sexton, DDS, Stephen Barrett  
Options I & II

Center for Oral & Facial Surge  
2900 Kirby Rd Ste 10  
38119 (901)398-0793  
Min Age: 0  
Meekins Jr., DDS, Richard D.  
Options I & II  
Staples, DDS, Ronald C.  
Options I & II  
Williams, MD, Michael A.  
Options I & II

McCullar, DDS, Bruce H.  
805 Estate Pl Ste 2  
38120 (901)682-9713  
Min Age: 0  
McCullar, DDS, Bruce H.  
Options I & II

Staples, DDS, Ronald C.  
4250 Faronia Rd  
38116 (901)398-0793  
Min Age: 0  
Meekins Jr., DDS, Richard D.  
Options I & II  
Staples, DDS, Ronald C.  
Options I & II

Williams, MD, Michael A.  
Options I & II

Stein, DDS, Gilbert G.  
1715 Kirby Pkwy Ste 101  
38120 (901)755-1177  
Min Age: 0  
Stein, DDS, Gilbert G.  
Options I & II

Zelig, DDS, David  
5575 Poplar Ave Ste 512  
38119 (901)767-7741  
Min Age: 0  
Zelig, DDS, David  
Options I & II

### Orthodontists

Tennessee
Cordova

Gelman, DDS, Chris  
1207 Macon View Dr Ste 101  
38018 (901)843-2483  
Min Age: 0  
Gelman, DDS, MDS, Chris H.  
Options I & II

Germantown
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Muller, DDS, Lyle  
7535 Poplar Ave  
38138 (901)754-4200  
Min Age: 0  
Muller, DDS, Lyle  
Options I & II

Memphis
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Carter, DDS, Ellen Phyllis  
5180 Park Ave Ste 260  
38119 (901)683-5827  
Min Age: 0  
Carter, DDS, Ellen Phyllis  
Options I & II

Robinson, DDS, Quinton C.  
5180 Park Ave Ste 260  
38119 (901)683-6770  
Min Age: 0  
Robinson, DDS, Quinton C.  
Options I & II

The Orthodontic Clinic PC  
6637 Summer Knoll Cir  
38134 (901)377-1744  
Min Age: 0  
Faley, DDS, Adeola O.  
Options I & II

Tri State Orthodontics  
5101 Sanderlin Ave Ste 108  
38117 (901)767-6320  
Min Age: 0  
Watts, DDS, Samuel  
Options I & II

Tri State Orthodontics  
7970 Giacosa Pl Ste 104  
38133 (901)937-7797  
Min Age: 0  
Watts, DDS, Samuel  
Options I & II

### Pediatric Dentists

Tennessee
Cordova

Cohen, DDS, Alka V.  
8142 Country Village Dr # 101  
38016 (901)756-4447  
Min Age: 0  
Cohen, DDS, Alka V.  
Options I & II

Freeman, DDS, Daniel D.  
1658 Appling Rd Ste 108  
38016 (901)383-7337  
Min Age: 0  
Freeman, DDS, Daniel D.  
Options I & II

### Periodontists

Tennessee
Memphis

Mustiful-Martin, DDS, Denise  
1286 Peabody Ave  
38104 (901)276-6000  
Min Age: 0  
Mustiful-Martin, DDS, Denise  
Options I & II

Periodontal Assoc of Memphis  
6268 Poplar Ave  
38119 (901)761-3770  
Min Age: 0  
Binkley Jr., DDS, Les H.  
Options I & II  
Craddock, DDS, Roger D.  
Options I & II  
Godat, DDS, Mitchell S.  
Options I & II  
Miller Jr., DDS, Preston D.  
Options I & II



## Insured Option III (EP520)

### ***BENEFITS INCLUDE:***

- Freedom of choice -- you may choose any licensed dentist.
- Out of Network reimbursements based on usual and customary rates.
- Benefits will be reimbursed based on % applicable to the type of service. See page 12 for In/Out of Network %.
- \$1,000 calendar year maximum per person.
- \$50 calendar year deductible per person. Waived for preventive services.
- Orthodontia is covered for dependents under the age of 19 and has a \$500 calendar year maximum per person, \$1,000 lifetime maximum.
- You must file claim each visit.

## Insured Option IV (EP510)

### ***BENEFITS INCLUDE:***

- Freedom of choice -- you may choose any licensed dentist.
- Out of Network reimbursements based on usual and customary rates.
- Benefits will be reimbursed based on % applicable to the type of service. See page 12 for In/Out of Network %.
- \$1,500 calendar year maximum per person.
- \$50 calendar year deductible per person. Waived for preventive services.
- Orthodontia is covered for dependents under the age of 19 and has a \$750 calendar year maximum per person, \$1,500 lifetime maximum.
- Crowns are covered at 80%.
- You must file claim each visit.

<b>Active Employee</b> Rates are per Payroll Period	Insured Option III (EP520)	Insured Option IV (EP510)
Employee	\$ 13.96	\$ 17.75
Employee + 1	\$ 28.13	\$ 35.76
Family	\$ 40.20	\$ 51.11
<b>Retiree</b> Rates are per Month	Insured Option III (EP520)	Insured Option IV (EP510)
Employee	\$ 27.92	\$ 35.50
Employee + 1	\$ 56.26	\$ 71.52
Family	\$ 80.40	\$102.22

### ***Other important information:***

- Coordination of benefits is applicable.
- Pre-statement of benefits is requested.

## **Eligibility**

You, your spouse and legal dependents under the age of 25 are eligible for dental coverage. Unmarried children, step-children, adopted children and legal wards qualify as dependents. Orthodontics on plans III and IV are covered on dependent children 18 years of age or younger.

## OPTIONS III (EP520) and IV (EP510)

### Elite Preferred 520 (w/ortho)

#### OPTION III

#### SUMMARY OF BENEFITS

Partial Listing of Covered Services	In-Network Reimbursements	Out-of-Network * Reimbursements
--	------------------------------	------------------------------------

#### Type I Diagnostic & Preventive...100%.....100%

Oral Examination (once per six months)  
Prophylaxis (cleaning, once per six months)  
Topical Fluoride (children under 16, once per 12 months)  
X-Rays (limitations may apply)  
Sealants (once per 3 years for children under age 16, for non carious molars only)  
Space Maintainers (for children under age 16)

#### Type II Basic Services.....80%.....80%

Simple Restorative (amalgam, synthetic, or composite fillings)  
Emergency Palliative Treatment  
Tooth Extraction  
Endodontics (root canals)

#### Type III Major Services.....50%.....50% (12 month waiting period\*\*)

Major Restorative (crowns/inlays/onlays)  
Periodontics (includes treatment of diseases of the gums)  
Bridge, Denture Repair  
Prosthetics (bridges and dentures)

#### Type IV Orthodontics .....50%.....50% (12 month waiting period\*\*)

Dependent children 18 years of age or younger

#### MAXIMUM BENEFITS

	Insured Individual and Dependents
<b>Lifetime</b>	
Type I, II, III.....	Unlimited.....Unlimited
Type IV.....	\$1,000.....\$1,000
<b>Calendar Year</b>	
Type I, II, III.....	\$1,000.....\$1,000
Type IV.....	\$500.....\$500
<b>Deductible***</b>	
Type I.....	None.....None
Type II, III, IV.....	\$50.....\$50

### Elite Preferred 510 (w/ortho)

#### OPTION IV

#### SUMMARY OF BENEFITS

Partial Listing of Covered Services	In-Network Reimbursements	Out-of-Network * Reimbursements
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#### Type I Diagnostic & Preventive...100%.....100%

Oral Examination (once per six months)  
Prophylaxis (cleaning, once per six months)  
Topical Fluoride (children under 16, once per 12 months)  
X-Rays (limitations may apply)  
Sealants (once per 3 years for children under age 16, for non carious molars only)  
Space Maintainers (for children under age 16)

#### Type II Basic Services.....80%.....80%

Simple Restorative (amalgam, synthetic, or composite fillings)  
Emergency Palliative Treatment  
Tooth Extraction  
Endodontics (root canals)  
Periodontics (includes treatment of diseases of the gums)  
Crowns

#### Type III Major Services.....50%.....50% (12 month waiting period\*\*)

Major Restorative (inlays/onlays)  
Bridge, Denture Repair  
Prosthetics (bridges and dentures)

#### Type IV Orthodontics .....50%.....50% (12 month waiting period\*\*)

Dependent children 18 years of age or younger

#### MAXIMUM BENEFITS

	Insured Individual and Dependents
<b>Lifetime</b>	
Type I, II, III.....	Unlimited.....Unlimited
Type IV.....	\$1,500.....\$1,500
<b>Calendar Year</b>	
Type I, II, III.....	\$1,500.....\$1,500
Type IV.....	\$750.....\$750
<b>Deductible***</b>	
Type I.....	None.....None
Type II, III, IV.....	\$50.....\$50

**Because we specialize in dental, we can bring you benefits  
and service that other companies can't match!**

#### ➤ QUICK CLAIMS TURNAROUND

CompBenefits' state of the art claims center provides fast reimbursement of your claims.

#### ➤ ACCESS TO INFORMATION

Our toll-free customer service number at 1-(800)-342-5209 has Member Services Representatives who can provide the answers you need quickly and thoroughly.

#### ➤ TOTAL FREEDOM OF CHOICE

The plan provides you with total freedom of choice by allowing you to use any licensed dentist for treatment. The plan reimburses a percentage of eligible expenses based on the plan you have chosen.

**Any way you add it up, CompBenefits really is the benefits company of choice!**

This brochure contains a brief description of the plan. A complete description of the coverage, including limitations on certain procedures, is found in the Schedule of Benefits and Certificate of Group Dental Insurance.

\*Coverage based on usual, customary and reasonable fees.

\*\*Time served on the employer's immediately preceding group dental plan may be credited towards this plan's waiting periods, subject to Underwriting approval.

\*\*\*Maximum of 3 per family.

# Limitations and Exclusions

## Option I (PST45) and Option II (PST15)

### LIMITATIONS AND EXCLUSIONS

1. No service of any dentist other than a Participating General Dentist or Participating Specialist will be covered by Company, except out-of-area emergency care as provided in Section VIII, Paragraph C of the Certificate.
2. Whenever any Contributions or Co-payments are delinquent, Member will not be entitled to receive Benefits, transfer Dental Facilities, or enjoy any of the other privileges of a Member in good standing.
3. Company does not provide coverage for the following services:
  - a) Cost of hospitalization and pharmaceuticals, drugs or medications.
  - b) Services which in the opinion of the Participating General Dentist or Participating Specialist are not Necessary Treatment to establish and/or maintain the Member's oral health.
- c) Any service that is not consistent with the normal and/or usual services provided by the Participating General Dentist or Participating Specialist or which in the opinion of the Participating General Dentist or Participating Specialist would endanger the health of the Member.
- d) Any service or procedure which the Participating General Dentist or Participating Specialist is unable to perform because of the general health or physical limitations of the Member.
- e) Any dental treatment started prior to the Member's effective date for eligibility of benefits.
- f) Services for injuries and conditions which are paid or payable under Workers' Compensation or Employers' Liability laws.
- g) Treatment for cysts, neoplasms and malignancies.
- h) General anesthesia.

## Option III (EP520) and IV (EP510)

### MAJOR RESTORATIVE LIMITATIONS

*The charges for Major Restorative services will be Covered Dental Expenses subject to the following:*

1. the denture or partial denture must replace a Natural Tooth extracted while insured for Dental Benefits under this policy;
2. the fixed bridge (including a resin bonded fixed bridge) must replace a Natural Tooth extracted while insured for Dental Benefits under this policy;
3. the replacement of a partial denture, full denture, or fixed partial denture (including a resin bonded bridge), or the addition of teeth to a partial denture if: (a) replacement occurs at least five years after the initial date of insertion of the current full or partial denture or resin bonded bridge; (b) replacement occurs at least five years after the initial date of insertion of an existing implant or fixed bridge; (c) replacement prosthesis or the addition of a tooth to a partial denture is required by the necessary extraction of a Functioning Natural Tooth while insured for Dental Benefits under this policy; or (d) replacement is made necessary by a Covered Dental Injury to a partial denture, full denture, or fixed partial denture (including a resin bonded bridge) provided the replacement is completed within 12 months of the injury. Chewing injuries are not considered Covered Dental Injuries;
4. the replacement of crowns, cast restorations, inlays, onlays or other laboratory prepared restorations if:
5. replacement occurs at least five years after the initial date of insertion; and (b) they are not serviceable and
6. cannot be restored to function;
7. the replacement of an existing partial denture with fixed bridgework, only if upgrading to fixed bridgework is essential to the correction of the person's dental condition; and the replacement of teeth up to the normal complement of 32.
7. pulp caps, adult fluoride treatments, athletic mouthguards; myofunctional therapy; infection control; precision or semi-precision attachments; denture duplication; oral hygiene instruction; separate charges for acid etch; broken appointments; treatment of jaw fractures; orthognathic surgery; completion of claim forms; exams required by third party; personal supplies (e.g. water pik, toothbrush, floss holder, etc.); or replacement of lost or stolen appliances;
8. charges for travel time; transportation costs; or professional advice given on the phone;
9. procedures performed by a Dentist who is a member of Your immediate family;
10. any charges, including ancillary charges, made by a hospital, ambulatory surgical center, or similar facility;
11. charges for treatment rendered: (a) in a clinic, dental or medical facility sponsored or maintained by the employer of any member of Your family; or (b) by an employee of the employer of any member of Your family;
12. any procedure, service or supply required directly or indirectly to diagnose or treat a muscular, neural, or skeletal disorder, dysfunction, or disease of the tempor mandibular joints or their associated structures;
13. charges for treatment performed outside of the United States other than for emergency treatment. Benefits for emergency treatment which is performed outside of the United States are limited to a maximum of \$100 (US dollars) per year;
14. the care or treatment of an injury or sickness due to war or an act of war, declared or undeclared;
15. treatment for cosmetic purposes; however, if the charges are made for the treatment of: (a) injuries sustained in an accident which happens while the patient is insured for Dental Benefits under this policy; or (b) congenital defects of a child born while his or her parent is insured, they will not be excluded if they qualify as Covered Dental Expenses. Facings on crowns or bridge units on molar teeth will always be considered cosmetic;
16. any services or supplies which do not meet the standards set by the American Dental Association or which are not reasonably necessary, or customarily used, for dental care;
17. procedures that are a covered expense under any other medical plan (established by the employer) which provides group hospital, surgical, or medical benefits whether or not on an insured basis;
18. a sickness for which the patient can receive benefits under a workers' compensation act or similar law;
19. an injury that arises out of or in the course of a job or employment for pay or profit; or
20. charges to the extent that they are more than the Prevailing Fee. If the amount of the Prevailing Fee for a service cannot be determined due to the unusual nature of the service, CompBenefits Insurance Company will determine the amount. New Life will take into account: (a) the complexity involved; (b) the degree of professional skill required; and (c) other pertinent factors.

### EXCLUSIONS

*Benefits will not be paid for:*

1. procedures which are not included in the Schedule of Benefits; which are not medically necessary; which do not have uniform professional endorsement; are experimental or investigational in nature; for which the patient has no legal obligation to pay; or for which a charge would not have been made in the absence of insurance;
2. any procedure, service, or supply which may not reasonably be expected to successfully correct the patient's dental condition for a period of at least three years, as determined by CompBenefits Insurance Company;
3. any chewing injury. A chewing injury means an injury which occurs during the act of chewing or biting. The injury may be caused by biting on a foreign object not expected to be a normal constituent of food; by parafunctional habits, such as chewing on eyeglass frames or pencils; or by biting down on a suddenly dislodged or loose dental prosthesis.
4. crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth which may be restored with an amalgam or composite resin filling;
5. appliances, inlays, cast restorations or other laboratory prepared restorations used primarily for the purpose of splinting;
6. any procedure, service, supply or appliance, the sole or primary purpose of which relates to the change or maintenance of vertical dimension; the alteration or restoration of occlusion including occlusal adjustment, bite registration, or bite analysis;

### PREDETERMINATION

If Covered Dental Expenses for a procedure are expected to be more than \$300 it is recommended that you send a Dental Treatment Plan in prior to beginning treatment, send preauthorization to CompBenefits, P.O. Box 8236 Chicago, IL 60680-8236. You and/or your dentist will be notified of the benefits payable based upon the Dental Treatment Plan.

This brochure contains a brief description of the plan. A complete description of the coverage, including limitations on certain procedures, is found in the Schedule.



# SHELBY COUNTY GOVERNMENT - NETWORK PROVIDER DIRECTORY FOR OPTIONS III (EP520) AND IV (EP510)

## CompBenefits

### GENERAL DENTISTS

#### Please Note:

This directory of participating providers reflects the most accurate and up-to-date information available at the time of printing. This list of participating providers can and will change during the benefit year. Please call our Member Services Department at 1-800-342-5209 for more information or for assistance in selecting a provider. You can also visit our website at [www.compbenefits.com](http://www.compbenefits.com) for a map to the provider nearest your home or office by clicking on the provider locator icon on our home page.

Under Plans III and IV, you do not have to pre-select a primary dentist. When you want dental services, make your appointment with any licensed dentist. When you receive treatment from a Network Provider, your cost may be reduced.

ALL PROVIDERS IN THIS LISTING ARE OPEN TO OPTIONS III (EP520) AND IV (EP510) PARTICIPANTS.

#### Mississippi Batesville

Batesville Dental Clinic  
Facility # 996768  
113 Eureka St  
38606 (662)563-7644  
Min Age: 4  
Garrott, DMD, Lea Anderson

#### Clarksdale

Long, DDS, Robert E.  
Facility # 583522  
527 Desoto Ave  
38614 (662)627-2565  
Min Age: 3  
Long, DDS, Robert E.

#### Tennessee Brunswick

Brunswick Station Dental Ctr  
Facility # 187423  
8755 Chaffee  
38014 (901)382-9704  
Min Age: 0  
Ferguson, DDS, William E.  
James, DDS, Kelly O.

#### Collierville

Collierville Family Dentistry  
Facility # 840221  
2130 W Poplar Ave Ste 106  
38017 (901)861-7007  
Min Age: 4  
Ballard, DDS, Steve D.  
Belisle, DDS, Jodice L.  
Hochhauser III, DDS, Edward

Ploch, DDS, PC, Thomas K.  
2028 W Poplar Ave Ste 111  
38017  
Min Age: 3  
Ploch, DDS, Thomas K.

#### Cordova

Cordova Family Dentistry  
Facility # 820079  
8520 Macon Rd Ste 1  
38018 (901)754-4383  
Min Age: 4  
Calderon, DDS, Melissa  
Hochhauser III, DDS, Edward  
Wall-Marks, DDS, Kathleen A.

Dental Cares  
1890 N Germantown Pkwy  
38016  
Min Age: 5  
Smith, DDS, William M.

Garrett, DDS, Floyd  
Facility # 820225  
8089 Walnut Run Rd Ste 3  
38018 (901)737-8981  
Min Age: 3  
Devali, DMD, Terry M.  
Garrett, DDS, Floyd A.  
Tompkins, DDS, William P.

Henry Polk Dental Group, DPC  
Facility # 994808  
8110 Cordova Rd Ste 125  
38016 (901)755-0001  
Min Age: 5  
Henry, DDS, Andrea  
Polk, DDS, Erica

Macon Oral Care  
Facility # 187460  
8095 Macon Rd Ste 109  
38018 (901)756-9150  
Min Age: 0  
Khan, DDS, Fauzia

Morris, DDS, Graham Hall  
Facility # 184321  
8176 Old Dexter Rd Ste 106  
38016 (901)737-3606  
Min Age: 6  
Morris, DDS, Graham H.

Murphy Dentistry PC  
Facility # 189050  
1650 Bonnie Ln Ste 101  
38016 (901)624-6110  
Min Age: 5  
Murphy, DDS, Trista W.

Taylor, DDS, Charlotte R.  
Facility # 184244  
86 Timber Creek Dr Ste 3  
38018 (901)756-0002  
Min Age: 4  
Taylor, DDS, Charlotte R.

Taylor, DDS, Stuart M.  
Facility # 184245  
86 Timber Creek Dr Ste 3  
38018 (901)756-0002  
Min Age: 4  
Taylor, DDS, Charlotte R.  
Taylor, DDS, Stuart M.

Winbush, DDS, PC, Sharifa, H.  
Facility # 191183  
2845 N Houston Levee Rd Ste 10  
38016 (901)266-0555  
Min Age: 3  
Winbush, DDS, Sharifa H

#### Germantown

Kulas, DDS, Patrick W.  
7512 Corporate Center Dr  
38138  
Min Age: 3  
Kulas, DDS, Patrick W.

Pulido, DDS, Mike  
8590 Farmington Blvd Ste 5  
38139  
Min Age: 3  
Pulido, DDS, Miguel

Salazar Dental Group, LLC  
Facility # 187494  
6799 Great Oaks Rd Ste 201  
38138 (901)753-0404  
Min Age: 0  
Salazar, DDS, Jose L.  
Salazar, DDS, Juan C.

Simpson, DDS, MAGD, Jon A.  
Facility # 187232  
3087 Professional Plz  
38138 (901)758-2273  
Min Age: 3  
Simpson, DDS, MAGD, Jon A.

Slovis, DDS, Herbert N.  
Facility # 586637  
6799 Great Oaks Rd Ste 201  
38138 (901)753-3398  
Min Age: 0  
Slovis, DDS, Herbert N.

The Dental Office @ Saddle Cre  
Facility # 187506  
7535 Poplar Ave  
38138 (901)754-4200  
Min Age: 0  
Messer, DMD, Andrea S.  
Perry, DMD, Calley J.

#### Memphis

Adams-Browne Dental Associates  
Facility # 820043  
3333 Elvis Prsly Blvd Ste 202  
38116 (901)332-7111  
Min Age: 4  
Adams-Browne, DDS, Kaye  
Watson, DDS, William A.

Alperin, DDS, Murray S.  
Facility # 184283  
1130 S 3rd St  
38106 (901)948-7052  
Min Age: 2  
Alperin, DDS, Murray S.

Associate Dental Group  
2154 Frayser Blvd  
38127  
Min Age: 5  
Branch, DDS, Roderick A.

Banks Jr., DDS, William K.  
Facility # 586638  
776 Mount Moriah Rd  
38117 (901)761-0527  
Min Age: 0  
Banks Jr., DDS, William K.

Bartlett Dental Clinic  
Facility # 187222  
6630 Summer Knoll Cir Ste 103  
38134 (901)377-5060  
Min Age: 3  
Peppers, DDS, David C.  
Thomas, DDS, James D.

Bartlett Family Dentistry  
Facility # 820082  
7519 US Highway 64  
38133 (901)371-0609  
Min Age: 7  
Hochhauser III, DDS, Edward  
Hodge, DDS, Tracy L.  
Holmes, DDS, Kurt

Bellott Jr., DDS, Donald J.  
Facility # 587259  
3294 Poplar Ave Ste 440  
38111 (901)324-5751  
Min Age: 5  
Bellott Jr., DDS, Donald J.

Bellott Sr., DDS, Donald J.  
Facility # 586167  
3294 Poplar Ave Ste 440  
38111 (901)324-5751  
Min Age: 0  
Bellott Sr., DDS, Donald J.

Braxton, DDS, Sonia D.  
Facility # 184225  
1154 S Bellevue Blvd  
38106 (901)775-0870  
Min Age: 5  
Braxton, DDS, Sonia D.

Butler, DDS, Elmer G.  
Facility # 187306  
5786 Stage Rd  
38134 (901)388-4811  
Min Age: 9  
Butler, DDS, Elmer G.

Caldwell, DDS, Kenneth  
Facility # 184243  
3912 Elvis Presley Blvd  
38116 (901)398-8216  
Min Age: 5  
Caldwell, DDS, Kenneth M.

Centennial Village Dental Grp  
Facility # 820010  
7825 Winchester Rd Ste 115  
38125 (901)752-1290  
Min Age: 4  
Jasper, DDS, William S.  
Johnson, DDS, Dean

Chelsea Dental Clinic  
Facility # 820019  
2410 Chelsea Ave  
38108 (901)458-1118  
Min Age: 3  
Pryor, DDS, Gloria J.

Chinn Jr., DDS, PC, Harry J.  
6622 Kirby Center Cv  
38115  
Min Age: 4  
Chinn Jr., DDS, Harry J.

Christian, DDS, Solomon  
Facility # 820044  
3037 S Perkins Rd  
38118 (901)566-1414  
Min Age: 3  
Christian, DDS, Solomon

Cleo Kirk Dental Office  
Facility # 820228  
2523 Lamar Ave  
38114 (901)743-5723  
Min Age: 4  
Kirk, DDS, Cleo

Coleman, DDS, PC, Harry T.  
Facility # 187307  
3087 Park Ave  
38111 (901)327-4200  
Min Age: 3  
Coleman, DDS, Harry T.  
Washington, DDS, George L.

Cooper Dental Associates  
Facility # 820067  
1032 S Cooper St  
38104 (901)276-5822  
Min Age: 4  
Pryor, DDS, Gloria J.

Copeland, DDS, Vincent H.  
Facility # 586646  
4250 Faronia Rd  
38116 (901)332-9170  
Min Age: 5  
Copeland, DDS, Vincent H.  
Washington-Jackson, DDS, Chery

Dawson, DDS, Toya P.  
Facility # 187274  
2348 Park Ave  
38114 (901)327-6166  
Min Age: 0  
Dawson, DDS, Toya P.

Dove Family Dentistry  
Facility # 191940  
3030 Covington Pike  
38128 (901)213-9337  
Min Age: 1  
Dove, DDS, Joseph

Dove, DDS, Laura  
Facility # 820199  
7189 Stage Rd  
38133 (901)373-3800  
Min Age: 6  
Dove, DDS, Laura

Eason, DDS, Dan S.  
Facility # 994991  
2670 Union Avenue Ext Ste 130  
38112 (901)327-3800  
Min Age: 4  
Eason, DDS, Dan S.

East Memphis Dental Care  
Facility # 820065  
6223 Mount Moriah Road Ext  
38115 (901)794-3391  
Min Age: 4  
Spell III, DDS, Charlie

Franklin, DDS, David B.  
Facility # 187564  
2738 Mount Moriah Pkwy  
38115 (901)363-1287  
Min Age: 0  
Franklin, DDS, David B.

Glenn, DMD, Howard  
Facility # 820041  
425 E Shelby Dr  
38109 (901)789-4891  
Min Age: 2  
Glenn, DMD, Howard  
Watson, DDS, William A.

Goldwin, DDS, Robert R.  
540 S Mendenhall Rd Ste 8  
38117  
Min Age: 0  
Goldwin, DDS, Robert R.

Greer, DDS, Joe C.  
Facility # 992362  
2829 Lamar Ave  
38114 (901)744-4990  
Min Age: 0  
Greer, DDS, Joe C.

Hedgerow Family Dentistry  
Facility # 820233  
6757 E Shelby Dr  
38141 (901)363-3144  
Min Age: 3  
Christion, DDS, Tracey D.  
Myers, DDS, Lee T.

Herring Dental PA  
183 Tillman St  
38111  
Min Age: 4  
Herring, DDS, Larry W.

Hickory Hills Family Dentistry  
Facility # 840151 Lang:SP  
3725 Riverdale Rd Ste 1  
38115 (901)797-3077  
Min Age: 4  
Myers, DDS, Lee T.

Highland Park Dental Center PC  
Facility # 995492  
845 S Highland St  
38111 (901)323-8488  
Min Age: 5  
Chitalia, DDS, Sharad S.  
Hollerman, DMD, Davida A.  
Wiggs, DDS, Joseph P.

Johnson Jr., DMD, Joseph  
Facility # 820047  
4299 Elvis Presley Blvd  
38116 (901)346-3257  
Min Age: 3  
Johnson Jr., DMD, Joseph

Johnson, DDS, Dean  
Facility # 820009  
1440 E Shelby Dr Ste 2  
38116 (901)346-1171  
Min Age: 4  
Johnson, DDS, Dean

Jones, DDS, Cheryl D.  
Facility # 187312  
3251 Park Ave  
38111 (901)325-4005  
Min Age: 5  
Jones, DDS, Cheryl D.

King, DDS, Dewitt H.  
Facility # 820050  
2212 Airways Blvd  
38114 (901)743-2055  
Min Age: 4  
King, DDS, Dewitt H.

Kirby Parkway Dental Care  
Facility # 820078  
4137 Kirby Pkwy Ste 3  
38115 (901)362-7844  
Min Age: 4  
Spell III, DDS, Charlie

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**ALL PROVIDERS IN THIS LISTING ARE OPEN TO OPTION III (PST45) AND IV (PST15) PARTICIPANTS.**Kutas, DDS, Timothy

515 N Highland St Ste C  
38122  
Min Age: 7  
Kutas, DDS, Timothy W.

Majestic Family Dentistry

Facility # 994538  
3705 Malco Way Ste 103  
38125 (901)751-4420  
Min Age: 3  
Vescovo, DDS, Barry A

Meadows, DDS, Jeffrey R.

Facility # 187281 Lang:SP  
4700 Poplar Ave Ste 410  
38117 (901)767-0507  
Min Age: 4  
Meadows, DDS, Jeff R.

Meekins, DDS, Richard D.

Facility # 820074  
2390 Lamar Ave  
38114 (901)743-0704  
Min Age: 3  
Meekins, DDS, Richard D.

Messer Dental Group, PC.

Facility # 187450  
785 Estate Pl Ste 2  
38120 (901)682-1645  
Min Age: 3  
Messer, DMD, Andrea S.  
Messer, DMD, Timothy S.

Miller Dental Health

Facility # 187348 Lang:SP  
5124 Stage Rd Ste C-2  
38134 (901)373-5433  
Min Age: 3  
Miller, DDS, Rodric L.

Miller Jr., DDS, Richard A.

640 S Perkins Rd  
38117  
Min Age: 5  
Miller Jr., DDS, Richard A.

Moore, DDS, Gordon R.

Facility # 184351  
5498 Poplar Ave Ste C1  
38119 (901)682-9631  
Min Age: 10  
Moore, DDS, Gordon R.

Myers, DDS, Lee T.

Facility # 820066  
1952 Lamar Ave  
38114 (901)276-4629  
Min Age: 4  
Myers, DDS, Lee T.

New Image Family Dentistry

Facility # 187318  
3719 Riverdale Rd  
38115 (901)365-2000  
Min Age: 3  
Lyons-Anderson, DDS, Tonya M.

New Image Family Dentistry

Facility # 995618 Lang:SP  
2713 Mount Moriah Pkwy Ste 101  
38115 (901)366-9953  
Min Age: 2  
Lyons-Anderson, DDS, Tonya M.

North Watkins Dental Care

Facility # 840177  
3697 N Watkins St  
38127 (901)357-0797  
Min Age: 4  
Alexander, DDS, Carlos  
Spell III, DDS, Charlie

Oak Court Dental Clinic

Facility # 840145 Lang:SP FR  
4515 Poplar Ave Ste 227  
38117 (901)680-9578  
Min Age: 3  
Leordeanu, DDS, Mihaela D.

Payne Family Dentistry

Facility # 186986  
3574 Hickory Hill Rd  
38115 (901)365-9054  
Min Age: 1  
Payne, DDS, Jackson L.

Perfect Smile Dentistry

Facility # 186964  
4646 Poplar Ave Ste 514  
38117 (901)763-3601  
Min Age: 0  
Washington-Jackson, DDS, Chery

Pirani Jr., DDS, Carlo B.

Facility # 995495  
752 National St  
38122 (901)452-6611  
Min Age: 12  
Nunnelee, DDS, Chris M.  
Pirani, DDS, Carlo B.

Price, DDS, Vincent J.

Facility # 820080  
2900 Kirby Rd Ste 9  
38119 (901)755-7392  
Min Age: 4  
Price, DDS, Vincent

Ragland, DDS, Fred B.

Facility # 995238  
2753 S Mendenhall Rd Ste 10  
38115 (901)365-6047  
Min Age: 6  
Ragland, DDS, Fred B.

Raleigh Dental Group

Facility # 187373  
4283 Raleigh Millington Rd  
38128 (901)372-1221  
Min Age: 3  
Craig Jr., DDS, Thomas J.  
Ferguson, DDS, William E.

Raleigh Family Dentistry

Facility # 820022  
3068 Covington Pike Ste 2  
38128 (901)386-2328  
Min Age: 6  
Hochhauser III, DDS, Edward  
Ward, DDS, Michelle

Roberson, DDS, James Mike

Facility # 184322  
6425 Stage Rd Ste 6  
38134 (901)388-6191  
Min Age: 4  
Roberson, DDS, James Mike

Rutledge, DDS, Joel W.

Facility # 187497  
5100 Wheelis Dr Ste 214  
38117 (901)767-1610  
Min Age: 4  
Rutledge, DDS, Joel W.

Salomon, DDS, Alan P.

Facility # 187066  
5575 Poplar Ave Ste 121  
38119 (901)683-5293  
Min Age: 3  
Salomon, DDS, Alan P.

Shelby County Health Care Corp

Facility # 187275  
409 Ayers St  
38105 (901)525-4395  
Min Age: 0  
Thompson, DDS, Dwight E.

Shirley, DDS, Michael D.

Facility # 820003  
4302 Summer Ave  
38122 (901)683-3849  
Min Age: 3  
Shirley, DDS, Michael D.

Singer, DDS, PC, Tod S.

Facility # 187054  
10 S Belvedere Blvd  
38104 (901)725-4913  
Min Age: 1  
Singer, DDS, Tod S.

Smile Studios of Memphis

Facility # 820222  
1697 Bender Rd  
38116 (901)346-1820  
Min Age: 4  
Alexander, DDS, Carlos

Smiles Are Us

Facility # 187421  
5150 Stage Rd Ste 100  
38134 (901)385-9898  
Min Age: 3  
Grimes-Moore, DDS, Freida C.

Sorrells Jr., DDS, Lavalie D.

Facility # 187231  
6555 Stage Rd Ste 2  
38134 (901)372-8959  
Min Age: 6  
Sorrells Jr., DDS, Lavalie D.

Southgate Dental Clinic

Facility # 840033  
1799 S 3rd St  
38109 (901)774-9602  
Min Age: 2  
Jeu, DDS, Richard C.

Southwind Family Dentistry

Facility # 820087  
7948 Winchester Rd Ste 108  
38125 (901)624-0440  
Min Age: 6  
Hochhauser III, DDS, Edward  
Holmes, DDS, Kurt

Stanford, DDS, Jon C.

Facility # 840051  
3596 Park Ave  
38111 (901)458-2617  
Min Age: 3  
Stanford, DDS, Jon C.

Superior Smiles of Memphis

Facility # 191962  
4205 Hacks Cross Rd Ste 118  
38125 (901)737-8714  
Min Age: 0  
Cosby, DDS, Sherrye  
Payne, DDS, Derrick

Townsend Dental Associates

Facility # 995097 Lang:FR  
1723 Kirby Pkwy  
38120 (901)751-2778  
Min Age: 3  
Townsend, DDS, Carmel E.

Triplett, DDS, PC, Orpheus H.

Facility # 996364  
2877 Poplar Ave  
38111 (901)324-0093  
Min Age: 0  
Christian, DDS, Tracey D.  
Triplett, DDS, Orpheus L.

Union Ave Dental Associates

Facility # 820198  
1331 Union Ave Ste 1225  
38104 (901)276-7314  
Min Age: 5  
O'Neal, DDS, Joe Dean

Uptown Dental Center

Facility # 820203  
493 N Front St Ste 101  
38105 (901)527-2102  
Min Age: 5  
Branch, DDS, Joerald

Vance Dental Clinic

Facility # 820223  
516 Vance Ave  
38126 (901)526-4442  
Min Age: 2  
Hudson III, DDS, Roy

Vincent Price DDS & Associates

Facility # 820036  
1440 E Shelby Dr Ste 5  
38116 (901)332-8729  
Min Age: 4  
Price, DDS, Vincent

Watkins Family Dentistry

Facility # 191788  
3912 Elvis Presley Blvd  
38116 (901)398-8216  
Min Age: 0  
Watkins, DDS, Mialika K

Wesberry, DDS, Fred C.

Facility # 187311 Lang:GR  
2900 S Perkins Rd  
38118 (901)362-9995  
Min Age: 3  
Wesberry, DDS, Fred C.

Williams, DDS, Stephen

Facility # 995410  
5112 Stage Rd Ste 4  
38134 (901)372-7906  
Min Age: 5  
Williams, DDS, Stephen S.

Wohrman, DDS, Robert

Facility # 995251  
555 Perkins Ext Ste 300  
38117 (901)761-3040  
Min Age: 4  
Wohrman, DDS, Robert E.

Zinn III, DDS, Ernest M.

Facility # 996560  
5119 Millbranch Rd  
38116 (901)346-1059  
Min Age: 3  
Zinn, DDS, Ernest M.

Zitek, DDS, Steve

Facility # 187053  
1273 E Raines Rd  
38116 (901)398-6435  
Min Age: 3  
Zitek, DDS, Steve

**Millington**Caldwell Family Dentistry

Facility # 187481  
8232 US Highway 51 N  
38053 (901)872-7179  
Min Age: 6  
Caldwell, DDS, Robert E.

**Oakland**Smith, DDS, Johnny S.

Facility # 187298  
7066 Highway 64  
38060 (901)466-1580  
Min Age: 5  
Smith, DDS, Johnny S.

**Somerville**Cima, DDS, John

Facility # 994646  
13190 N Main St  
38068 (901)465-3050  
Min Age: 7  
Cima, DDS, John D.

Richardson Family Dentistry

Facility # 187419 Lang:SP  
17395 Highway 64 E  
38068 (901)466-9833  
Min Age: 3  
Richardson, DDS, Dwayne

**Stanton**Dr. C.R. White & Assoc Dental

Facility # 820068  
17 1st St  
38069 (731)548-2400  
Min Age: 3  
White, DDS, Clarice R.

**Tiptonville**Blue Ribbon Dental Center

Facility # 191186  
211 Church St  
38079 (731)253-9091  
Min Age: 0  
Carr, DDS, Denean R

## SPECIALISTS

### Please Note:

This directory of participating providers reflects the most accurate and up-to-date listing of providers at the time of printing. This list of providers can and will change as some providers may elect to terminate or accept certain plans during the benefit year. Please call our Member Services Department at 1-800-342-5209 for more information on selecting a provider. You can also visit our website at [www.compbenefits.com](http://www.compbenefits.com) for a map to the provider nearest your home or office by clicking on the provider locator icon on our home page.

### Oral Surgeons

Mississippi
Southaven

#### Albright & Smith Oral & Max

187 Slateline Rd E Ste 20

38671 (662)393-8093

Min Age: 0

Albright, DDS, J. E.

Smith, DDS, Robert K.

Tennessee
Collierville

#### Williams, DDS, Darren R.

1100 Poplar View Ln N Ste 1

38017 (901)854-4422

Min Age: 0

Williams, DDS, Darren R.

Memphis
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#### Albright & Smith Oral & Max

766 S White Station Rd Ste 1

38117 (901)685-8090

Min Age: 0

Albright, DDS, J. E.

Peck, DDS, Russell C.

Smith, DDS, Robert K.

#### Cannon, DDS, John S.

1717 Kirby Pkwy

38120 (901)756-8475

Min Age: 0

Cannon, DDS, John S.

Sexton, DDS, Stephen Barrett

#### Center for Oral & Facial Surge

2900 Kirby Rd Ste 10

38119 (901)398-0793

Min Age: 0

Meekins Jr., DDS, Richard D.

Staples, DDS, Ronald C.

Williams, MD, Michael A.

#### McCullar, DDS, Bruce H.

805 Estate Pl Ste 2

38120 (901)682-9713

Min Age: 0

McCullar, DDS, Bruce H.

#### McRae-Wilson Oral Surgery Grp

2785 Summer Oaks Dr Ste 101

38134 (901)386-6385

Min Age: 0

Wilson, DDS, Gary Trent

#### McRae-Wilson Oral Surgery Grp

5565 Murray Rd

38119 (901)767-0088

Min Age: 0

Wilson, DDS, Gary Trent

#### Staples, DDS, Ronald C.

4250 Faronia Rd

38116 (901)398-0793

Min Age: 0

Meekins Jr., DDS, Richard D.

Staples, DDS, Ronald C.

Williams, MD, Michael A.

#### Stein, DDS, Gilbert G.

1715 Kirby Pkwy Ste 101

38120 (901)755-1177

Min Age: 0

Stein, DDS, Gilbert G.

#### Williams Oral & Maxi Surgery

6621 Kirby Center Cv

38115 (901)362-6103

Min Age: 0

Williams, DDS, Harris E.

### Orthodontists

Tennessee
Memphis

#### Tri State Orthodontics

5101 Sanderlin Ave Ste 108

38117 (901)767-6320

Min Age: 0

Watts, DDS, Samuel

#### Tri State Orthodontics

7970 Giacosa Pl Ste 104

38133 (901)937-7797

Min Age: 0

Watts, DDS, Samuel

### Periodontists

Tennessee
Memphis

#### Higgason, DDS, James D.

729 Reddoch St

38120 (901)682-8439

Min Age: 0

Higgason, DDS, James D.

#### Mustiful-Martin, DDS, Denise

1286 Peabody Ave

38104 (901)276-6000

Min Age: 0

Mustiful-Martin, DDS, Denise

# Vision and Hearing Enhancement Program



Through an arrangement with your group, you can receive discounts on vision and hearing services at NO ADDITIONAL CHARGE.<sup>1</sup>

## ***Eyewear Program***

As a CompBenefits Dental Plan Member, you can receive eyewear products from Preferred Vision Care (PVC) at wholesale prices.

- Up to 50% savings off retail prices on lenses and frames
- PVC providers conveniently located throughout the nation
- Top of the line products from leading manufacturers
- Unlimited eyewear purchases — Use as often as desired

## ***To Utilize the Eyewear Program***

- Simply: Call the PVC toll-free "800" number Locator Service. A customer service representative will provide the name(s), location and telephone number of the nearest PVC provider(s)
- Present your Identification Card to the PVC provider. (Note: The ID card provides savings for all dependents within the household.)
- Present your prescription and select the eyewear of your choice — no restrictions

You pay the PVC provider the specially reduced price for the eyewear at the time of purchase — no claim forms or time-delayed reimbursements.

## ***Contact Lens Program***

As a CompBenefits Dental Plan Member, you can also receive contact lens replacement from Lensavers at a discount through the quick and easy mail order service.

- Up to 60% savings off the retail cost of contact lenses
- Provides any contact lens, regardless of manufacturer
- Call the Lensavers toll-free "800" number and request an order form and cost for the contact lens

- Complete the order form and mail it along with a copy of your prescription and payment to:  
Lensavers  
10505 North 69th Street, #500  
Scottsdale, AZ 85253

- Lensavers will fill and ship most orders within 24 hours of the order
- Lensavers accepts VISA and MasterCard
- Rush orders can be handled via FAX

## ***Hearing Aid Enhancement Program***

- As a CompBenefits Dental Plan Member, you can receive hearing aid discounts from Beltone Managed Care, Inc. at NO ADDITIONAL CHARGE.

## ***The Beltone Plan includes such services as:***

- No Charge annual electronic hearing evaluations for you and your family members.
- Free audiometric testing by a trained Beltone hearing aid specialist or audiologist.
- 15% discount off the dispenser's regular list price on hearing aid purchases.
- Over 70 models and hundreds of customized Beltone hearing aids to choose from with a warranty commitment honored at the 2,600 Beltone Centers.

To use your discount, just show your CompBenefits I.D. card.

For the Beltone Hearing Aid Center nearest you:  
Call 1-800-BELTONE

<sup>1</sup> At the present time, these benefits are not available in North Carolina and Alabama.



# A World of Enhancements

*Eyewear Program, Contact Lens Replacement  
and Hearing Aid Enhancement...*

*All complimentary with your Dental Plan Enrollment*



## ***Eyewear Program 1-888-526-8000***

Preferred Vision Care (PVC) works with selected independent ophthalmic professionals to provide you with eyewear products at wholesale prices.

- Up to 50% savings on lenses and frames.
- Unlimited lens wear purchases.
- Top of the line products from leading manufacturers.
- PVC Providers conveniently located throughout the state.

## ***Contact Replacement 1-866-337-2020\****

\*When calling, please refer to "Preferred Vision Care."

World of Enhancements provides you with a contact lens replacement program through a nationwide mail-order contact lens provider.

- Up to 60% savings off retail prices of contact lenses.
- Provides most contact lenses, regardless of manufacturer.

## ***Hearing Enhancement 1-800-BELTONE***

Beltone offers you a variety of services from hearing exams and evaluations to more than 75 models of hearing instruments.

- Free hearing exam for you and your family members.
- 15% off the dispensers regular list price on hearing aid purchases.
- Belcare follow up customer commitment honored at 2,000 Beltone Centers.

[www.beltone.com](http://www.beltone.com)



cut along dotted lines  
and place in your wallet

fold here



<p style="text-align: center;"><b>Membership Benefit Card</b> <i>(for vision)</i></p> <p style="text-align: center;"><b><a href="http://www.preferredvisioncare.com">www.preferredvisioncare.com</a></b></p> <p style="text-align: center;">Membership benefits valid with current Dental Plan membership.</p> <p style="text-align: center;"><b>PREFERRED VISIONCARE</b></p>	<p style="text-align: center;"><b>Membership Benefit Card</b> <i>Group # 999</i></p> <p style="text-align: center;">Preferred Vision Care: Call 1-888-526-8000 to find the location nearest you and for customer service.</p> <p style="text-align: center;">Contact Replacement: Call 1-866-337-2020 to find the location nearest you and for customer service.</p>
<p style="text-align: center;"><b>Membership Benefit Card</b> <i>(for vision)</i></p> <p style="text-align: center;"><b><a href="http://www.preferredvisioncare.com">www.preferredvisioncare.com</a></b></p> <p style="text-align: center;">Membership benefits valid with current Dental Plan membership.</p> <p style="text-align: center;"><b>PREFERRED VISIONCARE</b></p>	<p style="text-align: center;"><b>Membership Benefit Card</b> <i>Group # 999</i></p> <p style="text-align: center;">Preferred Vision Care: Call 1-888-526-8000 to find the location nearest you and for customer service.</p> <p style="text-align: center;">Contact Replacement: Call 1-866-337-2020 to find the location nearest you and for customer service.</p>



**Take Advantage of these Extra Savings!**





# Employee/Retiree Enrollment Form

Effective Date: \_\_\_\_\_  
Employee #: \_\_\_\_\_

## RETURN THIS FORM IF YOU ARE A NEW ENROLLEE.

Effective January 1, 2007, I have enrolled for one of the dental plans offered under the Shelby County Government Flexible Benefits Plan. I authorize Shelby County Government to deduct an amount equal to the employee cost of the plan from my wages each pay period on a pre-tax basis. My W-2 statement will show my wages after this redirection. I understand that my enrollment for dental insurance and related payroll redirection is IRREVOCABLE and may not be changed until the next January 1, except in case of a change in family status, as provided under Article 3 of the Flexible Benefit Plan. If you are not enrolled in Shelby County Government Flexible Plan this coverage will be on an after-tax basis.

### Please Select One:

☐ Option I Basic Managed Care-Prestige 45 ☐ Option II Enhanced Managed Care-Prestige 15 ☐ Option III Elite Preferred 520 ☐ Option IV Elite Preferred 510

### Please Select One:

☐ Employee ☐ Employee + 1 dependent ☐ Family

Amount deducted Active Employee (per pay period) /Retiree (per month): \$ \_\_\_\_\_

## EMPLOYEE INFORMATION

SOCIAL SECURITY #: \_\_\_\_\_ Dental Facility #: (Options I [PST45] and II [PST15] Only) \_\_\_\_\_  
NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ ☐ Male ☐ Female  
ADDRESS: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Street City State Zip  
Work Number: \_\_\_\_\_ Employer's Name: Shelby County Government  
Occupation: \_\_\_\_\_ Full-Time Date of Hire: \_\_\_\_\_  
Are you now performing all duties of your regular occupation on a full-time basis (20 hours per week or more)? ☐ Yes ☐ No

### If covering your dependents, please complete the following:

		DENTAL FACILITY # (Options I [PST45] and II [PST15] Only)	Birth Date
Spouse:	M F		/ /
CHILD:	M F		/ /
CHILD:	M F		/ /
CHILD:	M F		/ /

### AGREEMENT AND AUTHORIZATION

All the information I have provided on this enrollment form is true and complete to the best of my knowledge and belief. The information on this enrollment form will form the basis for the insurance applied for. I agree that the insurance coverage is not in force until it is approved by UniLife Insurance Company or the applicable subsidiary of CompBenefits Corporation for Managed Dental Care.

If enrolling for the Managed Dental Care plan, I understand that this is a minimum one (1) year contract and that all necessary dental services will be provided in the description of benefits and surcharges. I have received and understand the outline of coverage. I authorize my employer to make any necessary payroll deductions.

The following is required in certain states: Any person who knowingly and with intent to defraud or deceive any insurance company, files an application containing any materially false, incomplete or misleading information is guilty of committing a fraudulent insurance act which is a crime and subject to criminal prosecution.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only: PFX: \_\_\_\_\_ Group: \_\_\_\_\_ Dept#: \_\_\_\_\_ ID: \_\_\_\_\_ PI: \_\_\_\_\_  
# of Dependents: \_\_\_\_\_ Dntl eff: \_\_\_\_\_ Form: \_\_\_\_\_ Waiting Period: \_\_\_\_\_  
Grp #: \_\_\_\_\_ Plan Code: \_\_\_\_\_ Premium Amt.: \$ \_\_\_\_\_ / \_\_\_\_\_ Agt Code: **810000**



- 1.) Return New Employee Enrollment Form if you are not in plan and wish to participate.
- 2.) Return this form if you are currently enrolled and wish to change your coverage.



## Dental Plan Change Form

Effective Date: \_\_\_\_\_

Employee #: \_\_\_\_\_

Employee's Name:			Employee's Social Security #:
Last Name	First	M.I.	

Employer Name: Shelby County Government

### Employee Changes - Please Complete The Appropriate Items Below

#### **CHANGE OF ADDRESS**

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PLEASE SELECT ONE**    ☐ Employee    ☐ Employee + One    ☐ Family

#### **CHANGE COVERAGE TO (Check One)**

- ☐ Option I    - Basic Managed Care, Prestige 45
- ☐ Option II    - Enhanced Managed Care, Prestige 15
- ☐ Option III    - Elite Preferred 520
- ☐ Option IV    - Elite Preferred 510

#### **SELECT DENTIST FOR OPTION I (PST45) AND II (PST15) ONLY**

If you are changing your coverage to the Pre-paid Plan, select a dentist from the list of Participating General Dentists, which is included in your enrollment packet. Write the Dental Facility Number of the dentist you have chosen in the space below. List Facility Number for all Family Members:

#### **CHANGE DEPENDENT COVERAGE**

List dependents to be added or deleted:

Last Name	First	M.I.	Relationship	Date of Birth	Sex	Facility #	Add	Delete

**CANCEL COVERAGE (Check Box)**    ☐

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FORREST & FORREST BENEFITS, INC.**  
**8384 Hwy 70 • Arlington, TN 38002**

**Return Service Requested**

**PRESORTED  
THIRD-CLASS MAIL  
U.S. POSTAGE  
PAID  
ATLANTA, GA  
PERMIT NO.**

**Important!**  
**Shelby County Dental Plan**  
**Information Enclosed**